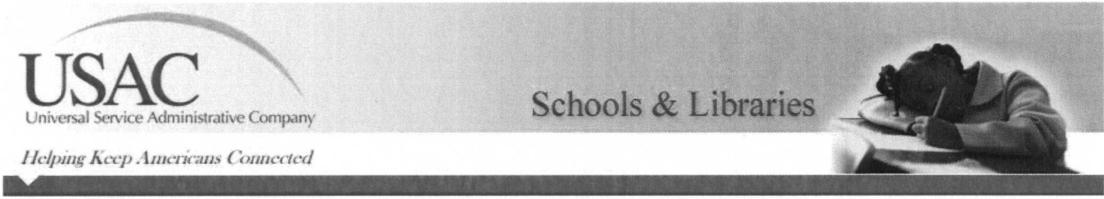


### Form 486 Instructions



[Home](#) > [Schools and Libraries](#) > [Apply Online](#)

## Apply Online

Click on the appropriate button below to file or certify a program form online. Buttons marked "Interview" provide a simple question-and-answer use to complete the form.

- Use **Internet Explorer 6.0** and above for PCs or **Netscape Version 7.0** and above for Macs. Other browsers may cause errors.
- Do not use the 'Back' and 'Forward' buttons on your browser or the 'Enter' key to move through the forms.
- Clear your Internet cache and your temporary Internet files before you begin.
- Turn off your pop-up blocker or set your browser to allow pop-ups in order to receive valuable warnings and error messages.
- When you file a Form 486 or a Form 472, make sure the funding year, Form 471 application number, and FRN all match.

Refer to [Tips and Troubleshooting](#) for more help.

Refer to the [Required Forms](#) page to access detailed form instructions. You can also [Submit a Question](#) or call our Client Service Bureau for assistance.

<p><b>Form 470</b> Description of Services Requested and Certification Form</p> <p>Form 470 Interview</p> <p>Create Form 470</p> <p>Search Posted</p> <p>Continue Incomplete</p> <p>Certify Complete</p>	<p><b>Form 471</b> Services Ordered and Certification Form</p> <p>Form 471 Interview</p> <p>Create Form 471</p> <p>Continue Incomplete</p> <p>Certify Complete</p> <p>Display</p> <p>Application Status</p> <p>Item 21 Attachment</p>	<p><b>Form 486</b> Receipt of Service Confirmation Form</p> <p>Form 486 Interview</p> <p>→ Create Form 486 ←</p> <p>Continue Incomplete</p> <p>Display</p> <p>Certify Complete</p>	<p><b>Utilities</b></p> <p>BEAR Online</p> <p>FRN Extension</p> <p>Entity Search</p> <p>Two-In-Five To</p>
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## Form 486

### Receipt of Service Confirmation Form

Enter your Billed Entity Number (BEN) to start a new Form 486



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## Form 486

### Receipt of Service Confirmation Form

**Billed Entity Name:** MAINE STATE LIBRARY

**Billed Entity Number:** 121465

**Street Address 1:** 64 STATE HOUSE STATION

**City:** AUGUSTA

**State:** ME

**Zip Code:** 04333-0001

**Telephone:** (207) 287-5620 ext.

**Fax:** (207) 287-5624

*Print this page  
and keep in your  
files!*

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[Start New Form 486](#)



---

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### Form 486

#### Receipt of Service Confirmation Form

Applicant's Form Identifier:

(create your own code to identify this Form 486)

Form 486 Number:

#### Block 1: Billed Entity Information

Ne  
Hel

1. Billed Entity Name:

MAINE STATE LIBRARY

2. Billed Entity Number:

121465

3. Funding Year:

07/01/2010 - 06/30/2011

4. Complete Mailing Address of Billed Entity:

Address Line 1: 64 STATE HOUSE STATION

Address Line 2 (optional):

City: AUGUSTA

State: ME

Zip Code +4: 04333 - 0001

Telephone: ( 207 ) 287 - 5620 ext.

Fax: ( 207 ) 287 - 5624

Email:

5. Contact Person Information:

Contact Person Name:

Contact Information is the same as in Item #4

Address Line 1:

Address Line 2:

City:

State:

Zip Code +4:  -

Telephone: ( 207 ) 287 - 5620 ext.

Fax: ( 207 ) 287 - 5624

Email:

\* Select a radio button above next to the preferred method

Save & Exit

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## Form 486

### Receipt of Service Confirmation Form

Applicant's Form Identifier: MSL-486

Form 486 Number: 787496

Security Code: 99477

Please record your Form 486 Number and Security Code. You will need this information if you wish to exit and then return later to this online Form 486 application.

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# Form 486

## Receipt of Service Confirmation Form

Billed Entity Number: 121465    Contact Person: Janet McKenney  
 Applicant's Form Identifier: MSL-486    Phone Number: (207) 287-5620

### Block 2: Early Filing Information and CIPA Waiver Requests

Ne

#### 6a. Early Filing

CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING ON OR BEFORE JULY 31 OF THE FUNDING YEAR.

The Funding Requests listed in Block 3 have been approved by USAC as shown in my Funding Commitment Decision (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start before July 31 of the Funding Year.

**Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked or before July 31 of the Funding Year.**

#### 6b. CIPA Waiver

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.

I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.

#### 6c. CIPA Waiver for Libraries for Funding Year 2004

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486.

I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with CIPA requirements before the start of the Funding Year 2005.

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Skip Block 2 after July 31

Note: If FRN is for a "smart phone" with Internet Access, select Maine State Library for #8 and check "a" for #11

Form 486

Receipt of Service Confirmation Form

Billed Entity Number: 121465 Contact Person: Janet McKenney
Applicant's Form Identifier: MSL-486 Phone Number: (207) 287-5620

Block 4: Certifications

8. I certify that the entity(ies) receiving discounted services as indicated on this Form 486 are covered by technology plan(s) that have approved by a state or other authorized body...

\* If all of the FRNs listed herein are for basic telephone service only, choose "Other" at the bottom of the drop down list and enter 'NONE'

Other

None

Other for telephone

9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible er identified in the Form 471 application(s) cited above.

10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvanta schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services.

NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11:

A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is Administrative Authority, skip to Item 11d. A Billed Entity who represents one or more Administrative Authorities must check Item 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Auth Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks It must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or M Administrative Authorities.")

IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), ITEM 12.

11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

See note below

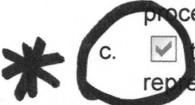
I certify that as of the date of the start of discounted services:

- a. the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the require the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
b. pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represente

Funding Request Number(s) on this Form 486:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actio including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) i compliance with the requirements of CIPA under 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procuren procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.



- c.  The Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of servic represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications se

**FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES <sup>1</sup>:**

- d.  I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible memb consortium.
- e.  I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requiremen Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

**For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:**

- f.  I certify that some or all of the eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver, and u from the Administrator I can provide this information; OR
- g.  I certify that no eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver.

<sup>1</sup> See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authoriti **The certification language above is not intended to fully set forth or explain all the requirements of the statute.**

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Note: Check c only for Basic Telephone.  
Check a for a Smart phone that uses the Internet - see guidance at <http://www.universalservice.org/sl/tools/news-briefs/preview.aspx?id=264>

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# Form 486

## Receipt of Service Confirmation Form

**Billed Entity Number:** 121465    **Contact Person:** Janet McKenney  
**Applicant's Form Identifier:** MSL-486    **Phone Number:** (207) 287-5620

### Block 3: Service Information

Ne  
Hel

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating the named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below. Remember: The FRNs listed below must be from the same Funding Year as is listed in Block1, Item 3.

(A) 471 Application # From FCDL:	(B) Funding Request # (FRN) From FCDL:	(C) Service Provider Identification # (SPIN) From FCDL:	(D) Service Provider Name From FCDL:	(E) Funding Year Service Start Date (Earliest Date that Discounted Services Will Begin):
1	<input type="text"/>	<input type="text"/>		<input type="text"/>
	↑	↑		↑

A

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### Form 486

### Receipt of Service Confirmation Form

**Billed Entity Number:** 121465    **Contact Person:** Janet McKenney  
**Applicant's Form Identifier:** MSL-486    **Phone Number:** (207) 287-5620

#### Block 3: Service Information

Ne  
Hel

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicated. The named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below. Remember: The FRNs listed below must be from the same Funding Year as is listed in Block1, Item 3.

	(A) 471 Application # From FCDL:	(B) Funding Request # (FRN) From FCDL:	(C) Service Provider Identification # (SPIN) From FCDL:	(D) Service Provider Name From FCDL:	(E) Funding Year Service Start Date (Earliest Date that Discounted Services Will Begin):
1	765812	2070228	143032501	Northern New England Telephone Operations LLC	07/01/2010

*These will fill in automatically*

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# Form 486

## Receipt of Service Confirmation Form

Billed Entity Number: 121465    Contact Person: Janet McKenney  
 Applicant's Form Identifier: MSL-486    Phone Number: (207) 287-5620

### Block 4: Signature

Ne  
Hel

14. Printed name of authorized person:

15. Title or position of authorized person:

16a. Street Address, P.O. Box, or Route Number:

Address Line 1:

Address Line 2 (optional):

City:

State:

Zip Code +4:  -

16b. Telephone number of authorized person:

(  )  -  ext.

16c. Fax number of authorized person:

(  )  -

16d. Email address of authorized person:

\*

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Fill in all information.  
 The authorized person is the person who has the pin #. It may or may not be the same name as the contact person.

Need Help?



# Form 486

## Receipt of Service Confirmation Form

**Billed Entity Number:** 121465    **Contact Person:** Janet McKenney  
**Applicant's Form Identifier:** MSL-486    **Phone Number:** (207) 287-5620

### Block 4: Signature

Ne  
Hel

14. Printed name of authorized person: Linda Lord

15. Title or position of authorized person: State Librarian

16a. Street Address, P.O. Box, or Route Number:

Address Line 1: 64 State House Station

Address Line 2 (optional):

City: Augusta

State: ME - MAINE

Zip Code +4: 04038 -

16b. Telephone number of authorized person:

( 207 ) 287 - 5620 ext.

16c. Fax number of authorized person:

( 207 ) 287 - 5624

16d. Email address of authorized person:

linda.lord@maine.gov

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Need Help?

### Form 486

#### Receipt of Service Confirmation Form



Click Print  
Preview  
Print for Files!

<b>Billed Entity Number:</b>	121465	<b>Contact Person:</b>	Janet McKenney
<b>Applicant's Form Identifier:</b>	MSL-486	<b>Phone Number:</b>	(207) 287-5620

**Submit Form 486**

You have now filled the required information for your Form 486 application. The final steps in the process are:

1. VERIFY a final time that all information is correct. To review your work, open a separate browser window by clicking on the "Print Preview" button above. If you need to make corrections, close the "Print Preview" window and click on the "Previous" button below.
2. PRINT a copy of your Form 486. In the "Print Preview" screen, click on your browser's "File" button and select the "Print" option.
3. SUBMIT your Form 486 electronically by clicking the "Submit" button below.  
IMPORTANT NOTE: By clicking "Submit" you are releasing the information you have supplied to the SLD for processing. YOU MUST "SUBMIT" TO FILE YOUR FORM 486. IF YOU DO NOT CLICK "SUBMIT", YOU HAVE NOT FILED YOUR FORM 486.
4. CERTIFY your Form 486. The next screen will describe the certification process for the Form 486. You will be given a choice to certify your Form 486 either online using a PIN or on paper by printing out a certification page to sign and submit manually.

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Submit



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FCC Form 486		Do Not Write in this Area		Approval by OMB 3060-0853 Estimated time per response: 1.5 hours	
<b>Schools and Libraries Universal Service Receipt of Service Confirmation Form</b>					
To be completed by the Billed Entity Please read instructions before completing. (You can also file online at <a href="http://www.usac.org/sl">www.usac.org/sl</a> .)					
Applicant's Form Identifier MSL-486 (Create your own code to identify THIS Form 486)			Form 486 Application#: 787496 (To be assigned by administrator)		
<b>Block 1: Billed Entity Information</b>					
<b>1. Name of Billed Entity</b> MAINE STATE LIBRARY					
<b>2. Billed Entity Number</b> 121465		<b>3. Funding Year July 1, 2010 through June 30, 2011</b>			
<b>4. Complete Mailing Address of Billed Entity</b> Street Address, P.O. Box, or Route Number 64 STATE HOUSE STATION					
City AUGUSTA		State ME		Zip Code 04333 - 0001	
Telephone Number 207-287-5620		Extension		Fax Number 207-287-5624	
<b>5. Contact Person Information</b> Contact Person Name Janet McKenney					
Street Address, P.O. Box or Route Number 64 STATE HOUSE STATION					
City AUGUSTA					
State ME		Zip Code 04333 - 0001			
<b>Check the box next to the preferred mode of contact. (At least one box MUST be checked.)</b>					
<input type="checkbox"/> Telephone Number 207-287-5620		Extension		<input type="checkbox"/> Fax Number 207-287-5624	
<input checked="" type="checkbox"/> Email Address janet.mckenney@maine.gov					



0486010103

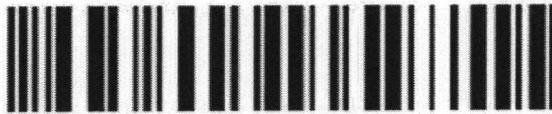
<b>Entity Number</b>	<b>121465</b>	<b>Applicant's Form Identifier</b>	<b>MSL-486</b>
<b>Contact Person</b>	<b>Janet McKenney</b>	<b>Phone Number</b>	<b>207-287-5620</b>
<b>Block 2: Early Filing Information and CIPA Waiver Requests</b>			
<b>6a. Early Filing</b>			
CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING ON OR BEFORE JULY 31 OF THE FUNDING YEAR.			
<input type="checkbox"/> The Funding Requests listed in Block 3 have been approved by USAC as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.			
<p><b>Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.</b></p>			
<b>6b. CIPA Waiver</b>			
CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.			
<input type="checkbox"/> I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.			
<b>6c. CIPA Waiver for Libraries for Funding Year 2004</b>			
CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486.			
<input type="checkbox"/> I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Funding Year 2005.			



0486010203

<b>Entity Number</b>	121465	<b>Applicant's Form Identifier</b>	MSL-486
<b>Contact Person</b>	Janet McKenney	<b>Phone Number</b>	207-287-5620
<b>Block 3: Service Information</b>			
<p>7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.</p> <p>Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3. If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here:</p>			
			Page 3

(A) 471 Application Number From FCDL	(B) Funding Request Number (FRN) From FCDL	(C) Service Provider Identification Number (SPIN) From FCDL	(D) Service Provider Name From FCDL	(E) Funding Year Service Start Date (Earliest Date that Discounted Services Will Begin)
765812	2070228	143032501	Northern New England Telephone Operations LLC	7/1/2010



0486010303

Entity Number	121465	Applicant's Form Identifier	MSL-486
Contact Person	Janet McKenney	Phone Number	207-287-5620
<b>Block 4: Certifications and Signature</b>			
8.	<input checked="" type="checkbox"/>	I certify that the entity(ies) receiving discounted services as indicated on this Form 486 are covered by technology plan(s) that have been approved by a state or other authorized body ? a USAC-certified technology plan approver ? prior to the commencement of service and that cover all 12 months of the funding year. If applicable, provide the name(s) of the organization(s) that approved a technology plan for any eligible entity that is receiving services covered under this Form 486. If EVERY FRN listed in the Form 486 is for basic telephone service only, enter "NONE" here.	
None			
9.	<input checked="" type="checkbox"/>	I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided on a tariff or month-to-month basis. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity; that I have examined this request; and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
10.	<input checked="" type="checkbox"/>	I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.	
<p><b>NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11: A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d. A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.") A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")</b></p> <p><b>IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.</b></p>			



0486010403

Entity Number	121465	Applicant's Form Identifier	MSL-486
Contact Person	Janet McKenney	Phone Number	207-287-5620

**11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:**

I certify that as of the date of the start of discounted services:

- a.  the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- b.  pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.

- c.  the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

**FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES**

- d.  I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e.  I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

**For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:**

- f.  I certify that some or all of the eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g.  I certify that no eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

<sup>1</sup> See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."

**The certification language above is not intended to fully set forth or explain all the requirements of the statute.**



0486010503

FCC Form  
486

Do Not Write In This Area

<b>Entity Number</b>	121465	<b>Applicant's Form Identifier</b>	MSL-486
<b>Contact Person</b>	Janet McKenney	<b>Phone Number</b>	207-287-5620

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12. Signature of authorized person

13. Date

14. Printed name of authorized person

Linda Lord

15. Title or position of authorized person

State Librarian

16a. Street Address, P.O. Box, or Route Number

64 State House Station

City

Augusta

State ME Zip Code 04038 -

16b. Telephone number of authorized person

207-287-5620

Extension

16c. Fax number of authorized person

207-287-5624

16d. Email address of authorized person

linda.lord@maine.gov



0486010603

<b>Entity Number</b>	<b>121465</b>	<b>Applicant's Form Identifier</b>	<b>MSL-486</b>
<b>Contact Person</b>	<b>Janet McKenney</b>	<b>Phone Number</b>	<b>207-287-5620</b>

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

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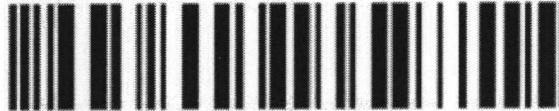
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Please submit this form to:

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Lawrence, Kansas 66044-7026

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